



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**ANNUAL SUPERVISION PROGRESS REPORT**  
**ADVANCED MACRO SOCIAL WORKER**

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION  
STATE COMMITTEE FOR SOCIAL WORKERS

**INSTRUCTIONS**

**SUPERVISOR:** Complete all items below and return the original (not a photocopy) of this annual supervision progress report as soon as possible to the Missouri Division of Professional Registration, State Committee for Social Workers. **DO NOT RETURN THIS FORM TO THE SUPERVISEE.** It is important that you complete all sections below.

Return completed form to:

Division of Professional Registration  
State Committee for Social Workers  
Post Office Box 1335  
Jefferson City, Missouri 65102-1335  
Telephone: (573) 751-0885 TDD 800 735-2966  
http://www.pr.mo.gov E-mail: lcswh@pr.mo.gov

**PLEASE CHECK ONE OF THE FOLLOWING**

- ☐ TWELFTH (12) MONTH (MO-DAY-YEAR TO MO-DAY-YEAR)
- ☐ TWENTY-FORTH (24) MONTH (MO-DAY-YEAR TO MO-DAY-YEAR)
- ☐ THIRTY-SIXTH (36) MONTH (MO-DAY-YEAR TO MO-DAY-YEAR)

**20 CSR 2263-2.032(12)** "The supervisor shall provide annual reports of progress to the committee. These will be due on the anniversary date of the initial approval for the twelfth, twenty-fourth, and thirty-sixth months of supervision. The annual report will provide an overview of the licensee's practice knowledge of the licensure statutes and rules, licensure scope of practice, understanding and adherence to approved standards of professional and ethical conduct, areas of continued growth and development, and accountability of supervision hours thus far in the process."

**SUPERVISEE DATA**

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

2. ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)

**SUPERVISOR DATA**

3. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)

4. TELEPHONE NUMBER (DAYTIME)

5. CURRENT OFFICE ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP CODE)

**6. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR AT THE TIME OF SUPERVISION:**

- ☐ Missouri - License Number \_\_\_\_\_ ;
- ☐ Licensed social worker in another state, supervising in that state, with an equivalent license - State \_\_\_\_\_
- License number \_\_\_\_\_ ; Original Issue Date \_\_\_\_\_ ; attach a copy of license.

7.

**LIST PLACES WHERE THE SUPERVISEE ENGAGES IN PROFESSIONAL EXPERIENCE UNDER YOUR SUPERVISION**

AGENCY/FACILITIES	ADDRESS (STREET, CITY, STATE, ZIP)	DATE (MO-DAY-YEAR TO MO-DAY-YEAR)
A.		
B.		
C.		

8. NUMBER OF HOURS **PER WEEK** OF INDIVIDUAL FACE-TO-FACE, ONE-ON-ONE SUPERVISION. ►

9. THE TOTAL NUMBER OF HOURS **PER WEEK** THE SUPERVISEE PERFORMS SOCIAL WORK DUTIES WHILE UNDER YOUR SUPERVISION. (THIS SHOULD INCLUDE THE APPLICANT'S TOTAL NUMBER OF HOURS WORKED, IN ADDITION TO THE FACE-TO-FACE, ONE-ON-ONE SUPERVISORY HOURS) ►

10. EACH AREA OF PERFORMANCE **MUST** BE RATED BY CHECKING THE NUMBER THAT MOST ACCURATELY DESCRIBES THE SUPERVISEE.

**RATING SCALE**

1. Not Observed    2. Does Not Meet Expectations    3. Meets Expectations    4. Exceeds Expectations    5. Far Exceeds Expectations

**SOCIAL WORK PRACTICE**

**Please rate and provide additional comments to support/explain ratings about the supervisee's knowledge, understanding and progress in the following areas:**

A. Social work statutes and rules (including regulations regarding professional practice) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

B. Licensure scope of practice

1. Case Consultation (plan and monitor services for social agencies and staff on behalf of client groups and populations) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. Administration (understanding and applying organizational, supervisory, budgetary and outcome evaluation skills) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. Assessment skills (use of conceptual frameworks (PIE, bio/psycho/social) to guide the processes of assessment, intervention and evaluation) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. Community Organizing (facilitating efforts to mobilize groups systems, and communities to achieve goals on social problems and evaluate the effectiveness of the process) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. Policy/Advocacy (policy analysis, lobbying, client-centered intervention/empowerment, coalition building) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. Effective written communication (documentation, recording of the process and progress associated with clients) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. Respect for and attention to all aspects of diversity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

C. Professional and ethical conduct (knowledge, commitment and adherence to professional code of ethics) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please briefly describe the plan for continued growth and development (goals)

Please briefly describe the plan for continued progress over the next reporting period (objectives)

Do you believe the supervisee is on track to complete the licensure process with a recommendation for full licensure?

☐ Yes ☐ No (If no, please attach explanation)

**11. TESTIMONY OF SUPERVISOR**

I hereby affirm under penalties of perjury that the foregoing information which I have supplied is true and accurate to the best of my knowledge, information and belief.

SIGNATURE



DATE

**12. TESTIMONY OF SUPERVISEE**

I hereby affirm that I have reviewed the information contained in this supervision progress report.

SIGNATURE



DATE